

Library of California

CALIFORNIA STATE LIBRARY

Z39.50 SERVER SOFTWARE GRANT APPLICATION

Part 1 **Interim Eligibility Form** Submit with Application

FY 1999/00

Name of public library jurisdiction or institution (college, corporation, hospital, school district, etc.):

Mailing Address:

Telephone: _____ Fax: _____

Contact Person: _____

Name of participating library, (if different):

Mailing Address:

County: _____

Telephone: _____ Fax: _____

Contact Person: _____

1. In one or two sentences, summarize the library's service objectives:

2. Days/hours of library service at participating library:

3. Library Collection:

a. Number of titles: _____

b. Number of volumes: _____

c. Collection organized by (please check):

☐ Dewey ☐ Library of Congress ☐ Other; please specify: _____

4. Name of designated, onsite paid staff member in charge of library services:

Qualifications of staff member (please check):

- ☐ Masters Degree in library or information science
☐ California Library Media Teacher Credential issued by the Commission on Teacher Credentialing

5. Established funding source (please check):

- ☐ Dedicated funding base
☐ Allocation by governing board/administrative authority
☐ Other (please specify):

6. Screening elements

Check all that apply:

_____ Applicant library is affiliated with a CLSA Cooperative Library System or a multitype organization sponsored or coordinated by a CLSA Cooperative Library System.

_____ Applicant library is a participant in the CLSA interlibrary loan reimbursement program.

Applicant library is (check one):

_____ Academic Library

_____ Public Library

_____ School Library

_____ Special Library

Name of the County where applicant library is located: _____

7. Certification

- The public library jurisdiction or institution meets the interim eligibility requirements for the Library of California as adopted by the Library of California Board on February 24, 1999.
- The public library jurisdiction or institution applies for participation in this Library of California program on behalf of the participating library.
- The public library jurisdiction or institution certifies that the information provided is accurate.
- The public library jurisdiction or institution agrees not to reduce funding for library services as a result of participation in this program.

SIGNATURE

(Appropriate Administrative Authority)

(Name)

(Title)

(Date)

GRANT APPLICATION SUBMISSION

Return four copies of the Interim Eligibility Form, one with original signature and marked “original”, to:

Joyce Walker
Library of California
California State Library-LDS
P.O. Box 942837
Sacramento, CA 94237-0001

Grant applications may not be submitted by fax

QUESTIONS OR ASSISTANCE WITH GRANT APPLICATION

Contact Ira Bray, Electronic Information Resources Consultant, at (916) 653-0171 or by e-mail at ibray@library.ca.gov.